

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 17 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 03 / 01 / 2014 To: M M / D D / Y Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		61979.34
(b) Cash on Hand at Beginning of Reporting Period.....	110776.80	
(c) Total Receipts (from Line 19)	56221.71	108634.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	166998.51	170614.18
7. Total Disbursements (from Line 31)	112682.40	116298.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54316.11	54316.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

37889.18

63175.65

(ii) Unitemized

18281.15

37569.89

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

56170.33

100745.54

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

7000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

56170.33

107745.54

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

45.00

873.99

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

6.38

15.31

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

56221.71

108634.84

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

56221.71

108634.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1182.40	1298.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1182.40	1298.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110500.00	113000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	2000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	112682.40	116298.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112682.40	116298.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56170.33	107745.54
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56170.33	107745.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1182.40	1298.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	45.00	873.99
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1137.40	424.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Cathy M. Adcock

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auto-Owners Insurance Company

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : A6DABEE78A84D4E18A8F

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce Albro

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : AB4C587E93F784CA39F5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael J. Alexander

Mailing Address PO Box 2502

City State Zip Code
 Fargo ND 58108-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nodak Mutual Insurance Company

Occupation
Executive VP & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : AE624F806A15A4FB194A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Neil Aldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 07 / 2014

Transaction ID : A379B10A22FDE42509B5

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. Neil Aldredge

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 21 / 2014

Transaction ID : A156B3216AAB74383A3E

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Mr. Brent Bahler

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.74

Date of Receipt

03 / 07 / 2014

Transaction ID : A7B1E9CA6D72E464F9F8

Amount of Each Receipt this Period

51.29

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

131.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brent Bahler

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.03

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2014

Transaction ID : A534316AF4E0E454C89F

Amount of Each Receipt this Period

51.29

Full Name (Last, First, Middle Initial)

B. Mr. John S. Benson

Mailing Address One Mutual Avenue

City
Frankenmuth

State Zip Code
MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : ACBB5E52AD8BE4AB59C7

Amount of Each Receipt this Period

117.00

Full Name (Last, First, Middle Initial)

C. Mr. John S. Benson

Mailing Address One Mutual Avenue

City
Frankenmuth

State Zip Code
MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : A3D9A063745844C41BF9

Amount of Each Receipt this Period

117.00

SUBTOTAL of Receipts This Page (optional)..... ►

285.29

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J. Bishop CPCU, CLU

Mailing Address 471 E Broad St

City State Zip Code
Columbus OH 43215-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Motorists Mutual Insurance Company

Occupation
Chairman of the Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2014

Transaction ID : A95DCB6203DA2431390F

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Todd Boyer

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
Assistant Vice President, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2014

Transaction ID : A9D56DB6BFF84410885D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike A. Brogan

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
Vice President of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 11 / 2014

Transaction ID : A31B97B557A1A459581C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

3000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Scott Carmack

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Pioneer State Mutual Insurance Company Vice President/Director of Underwritin

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 06 2014

Transaction ID : AD0E163312B964903B1D

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Ginny Caro

Mailing Address 3030 N 3rd St

City State Zip Code
 Phoenix AZ 85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 CopperPoint Mutual Insurance Company Vice President of Claims Services

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 208.30

Date of Receipt

M M / D D / Y Y Y Y Y
 03 06 2014

Transaction ID : A555A6C59E7BF47B9A4C

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Ms. Ginny Caro

Mailing Address 3030 N 3rd St

City State Zip Code
 Phoenix AZ 85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 CopperPoint Mutual Insurance Company Vice President of Claims Services

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 249.96

Date of Receipt

M M / D D / Y Y Y Y Y
 03 21 2014

Transaction ID : A47BEE6617F824B3B9BD

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

383.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dawn Carter

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Underwriting Quality Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 14 / 2014

Transaction ID : A3388EACA36CE447CAF3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

03 / 07 / 2014

Transaction ID : AB7AE6505FD06484FAD0

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles M. Chamness

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

03 / 21 / 2014

Transaction ID : AA0972B0869E54D99B65

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

430.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Cleveland

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Managing Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : AF4D555508DB445928AA

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Coe

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : AA0F59DE8E0EC4939884

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Coe

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

IT Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : ACC7B11F77B2D4BB2A5B

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

378.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Darwin G. Copeman CPCU

Mailing Address PO Box 468

City

Neenah

State

WI

Zip Code

54957-0468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jewelers Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

03 / 24 / 2014

Transaction ID : AA1E31E6375D9477B89B

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. John Cratty

Mailing Address PO Box 37

City

Orion

State

IL

Zip Code

61273-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Svea Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 21 / 2014

Transaction ID : A29C7F77ADEC34807B49

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jack D'Arcy

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 06 / 2014

Transaction ID : A99A51731C1CF4450AD1

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 64
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Davis

Mailing Address 1430 Manistee Drive

City State Zip Code
Grand Blanc MI 48439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 06 / 2014

Transaction ID : A9DE27D4B366E4358B00

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Dan DeArment PFMM

Mailing Address PO Box 646

City State Zip Code
Bedford PA 15522-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Friends Cove Mutual Insurance Company

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : A4637EDF0D7FE4F498E3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Anthony Decarlo

Mailing Address 1 Commerce Sq

City State Zip Code
Philadelphia PA 19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pennsylvania Lumbermens Mutual Insuran

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : A7E62386148204FCA98E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rick DeGraw

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

CAO & Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 06 / 2014

Transaction ID : ACA085388FC6D44F39C6

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mr. Rick DeGraw

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

CAO & Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 21 / 2014

Transaction ID : A579F857C711543DB81A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.88

Date of Receipt

03 / 07 / 2014

Transaction ID : A8BAA6D74D96E49A4B1D

Amount of Each Receipt this Period

43.48

SUBTOTAL of Receipts This Page (optional)..... ►

126.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 64
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Detlefsen PhD

Mailing Address PO Box 68700

City
Indianapolis

State Zip Code
IN 46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Vice President - Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.36

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : AE7F07176FF5C4C208EE

Amount of Each Receipt this Period

43.48

Full Name (Last, First, Middle Initial)

B. Mr. John Donilon

Mailing Address 42 Industrial Park Rd

City
Saco

State Zip Code
ME 04072-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casco Indemnity Company

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : A2456BF3F8D8F4B3681D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Mike Dorsey

Mailing Address 1510 N Elms Rd

City
Flint

State Zip Code
MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pioneer State Mutual Insurance Company

Occupation
Assistant Vice President/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : AD43CB4AC9E354769A1A

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

593.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 64
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles W. Drier

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Auto-Owners Insurance Company

Occupation
 Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : AF2A002FEFB054FB288C

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Mr. Don Duran

Mailing Address PO Box 834

City State Zip Code
 Atwater CA 95301-0834

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Merced Property & Casualty Company

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : A8C89D2DC67CA4FA1BC9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City State Zip Code
 Indianapolis IN 46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
 National Association of Mutual Insuran

Occupation
 Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.96

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : A7DFDD98FE03D49EB852

Amount of Each Receipt this Period

96.16

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1171.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gregg A. Dykstra J.D.

Mailing Address 3601 Vincennes Rd

City State Zip Code
Indianapolis IN 46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.12

Date of Receipt

03 / 21 / 2014

Transaction ID : AC493E4DB6BC243D5BA9

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

B. Mr. Fred A. Edmond CPCU, CIC

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

03 / 14 / 2014

Transaction ID : AB3A3AB94D1F640BA82D

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

c. Mr. Fred A. Edmond CPCU, CIC

Mailing Address One Mutual Avenue

City State Zip Code
Frankenmuth MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

03 / 28 / 2014

Transaction ID : AB94332B903B449529B7

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

256.16

TOTAL This Period (last page this line number only)..... ►

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pam Emmendorfer

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pioneer State Mutual Insurance Company

Vice President of Human Resources

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : A6ADE521391A342C1BD6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Andrew M. Eriksen

Mailing Address PO Box 30660

City

State

Zip Code

Lansing

MI

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Auto-Owners Insurance Company

Assistant Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 03 / 2014

Transaction ID : A8AB6127CA8BE4CC3B0B

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Stephen F. Fabian

Mailing Address 200 N Main St

City

State

Zip Code

Bel Air

MD

21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Harford Mutual Insurance Company

Vice President, Chief Information Offi

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

277.80

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2014

Transaction ID : A7AA88D5846994AE98C1

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

483.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kurt P. Foley

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

03 / 06 / 2014

Transaction ID : A5A0BFA551DB7473AAC3

Amount of Each Receipt this Period

1400.00

Full Name (Last, First, Middle Initial)

B. Mr. Chuck Garry

Mailing Address 1510 N Elms Rd

City

State

Zip Code

Flint

MI

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President - Director of Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 06 / 2014

Transaction ID : A206261B8C9924BC482B

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Bryan Gilleland

Mailing Address One Mutual Avenue

City

State

Zip Code

Frankenmuth

MI

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 14 / 2014

Transaction ID : A46E9D052B301406DA8D

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1738.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bryan Gilleland

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.29

Date of Receipt

03 / 28 / 2014

Transaction ID : AF7D6901057A34D279C6

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

B. Mr. Gordon H. Gingrich

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 06 / 2014

Transaction ID : A161103D3FB6640399F1

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Mr. Harlan W. Gingrich

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 06 / 2014

Transaction ID : AAB950E2B914143DF8E3

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

638.47

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Yvette Gonzales

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Senior Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

03 / 06 / 2014

Transaction ID : AE5A69B7525D74F2E8D6

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Ms. Yvette Gonzales

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Senior Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

03 / 21 / 2014

Transaction ID : AC70B7F5DB7964CDCA55

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.84

Date of Receipt

03 / 07 / 2014

Transaction ID : A09C51E97BE43450F96B

Amount of Each Receipt this Period

113.64

SUBTOTAL of Receipts This Page (optional)..... ►

196.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jimi Grande

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.48

Date of Receipt

03 / 21 / 2014

Transaction ID : A8753C63B56D0457092B

Amount of Each Receipt this Period

113.64

Full Name (Last, First, Middle Initial)

B. Dana Hartle

Mailing Address PO Box 84

City

Marble

State

PA

Zip Code

16334-0084

FEC ID number of contributing
federal political committee.

C

Name of Employer

Farmers Mutual Fire Insurance Company

Occupation

Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

03 / 26 / 2014

Transaction ID : A56DF89C7FCCC4CF89D7

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Mr. Warren W. Heck

Mailing Address 200 Madison Ave

City

New York

State

NY

Zip Code

10016-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater New York Mutual Insurance Comp

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

03 / 03 / 2014

Transaction ID : A2B9D947375FE4732846

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3113.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 24 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual Fire Insurance

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2014

Transaction ID : A0027B14E63E24C378C7

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mr. F. Timothy Hegarty Jr., CPCU

Mailing Address 222 Ames St

City State Zip Code
Dedham MA 02026-1850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk & Dedham Mutual Fire Insurance

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2014

Transaction ID : A66C89B3387E548BBAAE

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Mr. A. Michael Heister

Mailing Address PO Box 111

City State Zip Code
Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Mutual Insurance Company

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : A73D319863C804C21B6A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Hobson

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 03 06 2014

Transaction ID : A5FCE530CEF9C40A2B52

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. H. Christman Howell

Mailing Address 1 Commerce Sq

City State Zip Code
 Philadelphia PA 19103-1415

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pennsylvania Lumbermens Mutual Insuran

Occupation
 Commercial Lines Underwriter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 03 11 2014

Transaction ID : AB9D7090EEC6E4B2CA18

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Harold Jamison

Mailing Address 1 Commerce Sq

City State Zip Code
 Philadelphia PA 19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pennsylvania Lumbermens Mutual Insuran

Occupation
 VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 03 18 2014

Transaction ID : AC0A9FD310F4847869FD

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Rick Jones

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : AECF8E89608F7403AB72

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Mr. Rick Jones

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : AE00A42250BB34CB7BF0

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Karol

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

272.76

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 07 / 2014

Transaction ID : A6D235110EBC246C0914

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional)..... ►

129.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Karol

Mailing Address 122 C St NW Ste 540

City
Washington

State Zip Code
DC 20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Association of Mutual Insuran

Occupation
Federal Affairs Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.22

Date of Receipt

03 / 21 / 2014

Transaction ID : ACC3472978EF549FBB6E

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

B. Mr. David Kaufman

Mailing Address 471 E Broad St

City
Columbus

State Zip Code
OH 43215-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Motorists Mutual Insurance Company

Occupation
CEO & President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 05 / 2014

Transaction ID : AEACD9E74D8F2431FBDB

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ms. Jami Kelly

Mailing Address One Mutual Avenue

City
Frankenmuth

State Zip Code
MI 48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frankenmuth Mutual Insurance Company

Occupation
Director, Commercial Lines Underwritin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

03 / 14 / 2014

Transaction ID : A81BB062EC94E465BABA

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2584.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Jami Kelly

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Director, Commercial Lines Underwritin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 28 / 2014

Transaction ID : AFBC7F32BF7F344FFA37

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

B. Mr. James J. Kennedy CPCU, LUTC

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 25 / 2014

Transaction ID : A96957432ED84479F80B

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

c. Mr. Kraig T. Klopfenstein

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 03 / 2014

Transaction ID : A94EFE23C7AD647E5B2C

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2614.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Andrew Knudsen

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

03 / 14 / 2014

Transaction ID : AA9E6DBBCD16F436A8Cf

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

B. Mr. Andrew Knudsen

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

03 / 28 / 2014

Transaction ID : A8696DC1813C04F0A93B

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

C. Ms. Lisa Lott

Mailing Address 1510 N Elms Rd

City

Flint

State

MI

Zip Code

48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pioneer State Mutual Insurance Company

Occupation

Vice President/Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 06 / 2014

Transaction ID : A9C9C1C1B70964EFB9E0

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

376.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Marshall

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 03 / 2014

Transaction ID : A820AA5B4A9B9449584F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Phil McCain

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

03 / 14 / 2014

Transaction ID : AA424E90C32514D409F9

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

C. Mr. Phil McCain

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.29

Date of Receipt

03 / 28 / 2014

Transaction ID : A6638EC4319634C68A04

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

176.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph McCrea

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

Senior Vice President- Claims

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2014

Transaction ID : AAFE0DEDCE44149E898F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph M. McGurrin Jr.

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 11 / 2014

Transaction ID : A4889A374432E47F78F2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Sherry L. McKenzie AAM, AIS

Mailing Address PO Box 30660

City

Lansing

State

MI

Zip Code

48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 03 / 2014

Transaction ID : A7FAD468D860B4F4291C

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

03 / 14 / 2014

Transaction ID : AAF0E7D06573B43B38EC

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

B. Mr. Brian S. McLeod

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

03 / 28 / 2014

Transaction ID : AD6A33572DAC143D790C

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

C. Ms. Tricia A. Mickley CPA, PFMM

Mailing Address PO Box 31

City

Mount Carroll

State

IL

Zip Code

61053-0031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Carroll Mutual Fire Insurance Co

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 26 / 2014

Transaction ID : A51D245FE91E248BEB90

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1077.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 07 / 2014

Transaction ID : A6338639AA3B5437C922

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. David Middleton

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2014

Transaction ID : AB7757152A0F14A5BA75

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Ms. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 18 / 2014

Transaction ID : AF9B99AEF92AE4818AA8

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Ms. Dona L. Mohr

Mailing Address 1725 Hopley Ave

City State Zip Code
 Bucyrus OH 44820-3569

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Mutual Insurance Company

Occupation
 Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

03 / 26 / 2014

Transaction ID : A4F274B086BD64ABB9C2

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric Nelson

Mailing Address 1460 Wells St

City State Zip Code
 Enumclaw WA 98022-3003

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mutual of Enumclaw Insurance Company

Occupation
 President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

03 / 11 / 2014

Transaction ID : AA4ADF94070894F67992

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert F. Ohler

Mailing Address 200 N Main St

City State Zip Code
 Bel Air MD 21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harford Mutual Insurance Company

Occupation
 Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.80

Date of Receipt

03 / 14 / 2014

Transaction ID : ABDB20D399ED24011A4A

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

378.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tony Paris

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Vice President, CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 06 / 2014

Transaction ID : A66A6DAF7FB1D43A3AD3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John A. Paul PFMM

Mailing Address PO Box 498

City State Zip Code
 Council Bluffs IA 51502-0498

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Western Iowa Mutual Insurance Associat

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : AC3D4371F1CA2475DB0F

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ms. Susan Porter

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : A020813AFC92C4CDE9AF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 36 OF 64
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jonathan R. Riekse

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Auto-Owners Insurance Company

Occupation
 Senior Vice President, Personal Lines

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : A6DAC3CB1E55543E290F

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Mr. L. Gerald Roach CPCU, FLMI

Mailing Address PO Box 6927

City State Zip Code
 Richmond VA 23230-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Mutual Assurance Society of Virginia

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : AB907D76C48F44B488AE

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

c. Mr. Kent B. Shantz

Mailing Address PO Box 5626

City State Zip Code
 Rockford IL 61125-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Rockford Mutual Insurance Company

Occupation
 COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : A31DF9C0F7A14422AA3A

Amount of Each Receipt this Period

78.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

371.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Kent B. Shantz

Mailing Address PO Box 5626

City

Rockford

State

IL

Zip Code

61125-0626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Mutual Insurance Company

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 26 / 2014

Transaction ID : A176E2E08D5094CBDADD

Amount of Each Receipt this Period

78.00

Full Name (Last, First, Middle Initial)

B. Mr. Steven C. Sliver CPA

Mailing Address PO Box 577

City

Huntingdon

State

PA

Zip Code

16652-0577

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mutual Benefit Insurance Company

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 25 / 2014

Transaction ID : A9732ACBCCD084214BB7

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Transaction ID : A917927CA5026425B9C2

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

808.00

TOTAL This Period (last page this line number only)..... ►

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald A. Smith Jr.

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

03 / 21 / 2014

Transaction ID : A4F09E288B1834CA5B51

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. Ms. Irica Solomon

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.76

Date of Receipt

03 / 07 / 2014

Transaction ID : ACF200DFAE4D642AA87F

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

C. Ms. Irica Solomon

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.22

Date of Receipt

03 / 21 / 2014

Transaction ID : A4CCBD8F00FC04ADC8A2

Amount of Each Receipt this Period

45.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John R. Spielberg

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Executive Vice President & General Cou

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.80

Date of Receipt

03 / 14 / 2014

Transaction ID : A078644B14664471D905

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Mr. Paul G. Stueven PFMM

Mailing Address 118 Downtown Plz

City

Fairmont

State

MN

Zip Code

56031-4461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairmont Farmers Mutual Insurance Comp

Occupation

COO/Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 25 / 2014

Transaction ID : A1F01E65B2B414352B72

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 07 / 2014

Transaction ID : A968D90459E774B2AABC

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

2179.49

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Tim F. Sullivan RPLU

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 21 / 2014

Transaction ID : A809092869BB14ABB9A9

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Mr. Douglas M. Sullivan CIC, PFMM

Mailing Address PO Box 37

City

Orion

State

IL

Zip Code

61273-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Svea Mutual Insurance Company

Occupation

Manager/Secretary/Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 21 / 2014

Transaction ID : A97D9272FB23E4D17800

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Terry Suttner

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.63

Date of Receipt

03 / 07 / 2014

Transaction ID : A0F91BE52068D4D939B7

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

436.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Terry Suttner

Mailing Address PO Box 68700

City
Indianapolis

State
IN

Zip Code
46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.63

Date of Receipt

03 / 21 / 2014

Transaction ID : AC7421711D9C34640A3A

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Ms. Susan K. Taggart PFMM

Mailing Address PO Box 68

City
Remington

State
IN

Zip Code
47977-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Remington Farmers Mutual Insurance Com

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 13 / 2014

Transaction ID : A1B86F709861F453080B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey Tagsold

Mailing Address PO Box 30660

City
Lansing

State
MI

Zip Code
48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 03 / 2014

Transaction ID : AA5B7548964834A04A88

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

390.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 07 / 2014

Transaction ID : A3BAD6673DD9A49B39DC

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. Mr. Joe Thesing

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

03 / 21 / 2014

Transaction ID : A8204F7D767A041E5A33

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Mr. Kenneth G. Thompson

Mailing Address 200 N Main St

City

Bel Air

State

MD

Zip Code

21014-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harford Mutual Insurance Company

Occupation

Assistant Vice President-Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2014

Transaction ID : A0DD4972D6D814961BC1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary W. Thompson CPCU, CIC

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 03 / 2014

Transaction ID : ADD8B601D53D44FBF9E1

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

03 / 14 / 2014

Transaction ID : AFFBCB0CDEAC248E8ADI

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

C. Mr. Randall Trinklein

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

03 / 28 / 2014

Transaction ID : A19E156600C634081899

Amount of Each Receipt this Period

39.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

278.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Aaron J. Valentine

Mailing Address 1 Preferred Way

City State Zip Code
 New Berlin NY 13411-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Senior Vice President, Treasurer & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2014

Transaction ID : A88440D4240DC482FA4D

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Mr. Mick Ware

Mailing Address PO Box 5555

City State Zip Code
 Meridian ID 83680-5555

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Heritage Property & Casualty Co

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : AD1F583F5E13944EA9B7

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Wenger

Mailing Address PO Box 30660

City State Zip Code
 Lansing MI 48909-8160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Auto-Owners Insurance Company

Occupation

Assistant Vice President and Chief P&C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 03 / 2014

Transaction ID : AA0A7C74E8FA944D2A07

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2664.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 64
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Daniel West

Mailing Address 1510 N Elms Rd

City State Zip Code
 Flint MI 48532-2033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pioneer State Mutual Insurance Company

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 06 2014

Transaction ID : A3132BB4D1A2D4B1B9F6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. William Woodbury

Mailing Address 6101 Anacapi Blvd

City State Zip Code
 Lansing MI 48917-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Auto-Owners Insurance Company

Occupation
 SVP, Assoc. Secretary & Assoc. General

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 03 2014

Transaction ID : A80EF3422C56E470988C

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Woolley

Mailing Address PO Box 111

City State Zip Code
 Bucyrus OH 44820-0111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Ohio Mutual Insurance Company

Occupation
 Director-Vice Chairman-Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 03 25 2014

Transaction ID : A841B8E409AEF48D6AB1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

884.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert M. Zak

Mailing Address 250 Main St

City

Buffalo

State

NY

Zip Code

14202-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Merchants Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : ACD6EED259DF8430C989

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jerry G. Zenke PFMM

Mailing Address PO Box 708

City

Houston

State

MN

Zip Code

55943-0708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2014

Transaction ID : A9E56CCC930A241929BD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

37889.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 64
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. NAMIC Administrative Fund

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2014

Transaction ID : A2EA11CEFDAFC45CC94I

Amount of Each Receipt this Period

45.00

Reimb. of bank fees

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

45.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014
Transaction ID : B20083B43E5C94848855

Amount of Each Disbursement this Period

146.25

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 981540

City El Paso State TX Zip Code 79998-1540

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014
Transaction ID : B6C5F73DE061E4EBCA33

Amount of Each Disbursement this Period

2.03

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 03 / 2014
Transaction ID : B961C723755664C78817

Amount of Each Disbursement this Period

158.75

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

307.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1164Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	10	/	2014

Transaction ID : BE530539625C246A9B5D

Amount of Each Disbursement this Period

1.25

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 8751 Michigan Rd

City
IndianapolisState
INZip Code
46268-3141Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2014

Transaction ID : B62D1012E995148FFBF1

Amount of Each Disbursement this Period

45.13

Full Name (Last, First, Middle Initial)

C. NAMIC Administrative Fund

Mailing Address 3601 Vincennes Rd

City
IndianapolisState
INZip Code
46268-1154Purpose of Disbursement
Refund of offset operating expenditure received 2/19/2014

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

Transaction ID : B600AD867017B4DE1808

Amount of Each Disbursement this Period

828.99

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

875.37

1182.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City	State	Zip Code
BALLWIN	MO	63022

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Ann L. WagnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B6B3CFED8020448A599F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Blaine for Congress

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102-1025

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Blaine LuetkemeyerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : BC0163ECFF82A4F27BD9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City	State	Zip Code
CHARLESTON	WV	25339

Purpose of Disbursement
Political Contribution

Candidate Name

Shelley Moore CapitoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : BA3FD535AA0A94A48B7E

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Capuano for Congress Committee

Mailing Address PO Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Michael E. CapuanoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B09BF76A099D942F0A60

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Chris Gibson for Congress

Mailing Address PO Box 234

City	State	Zip Code
Saratoga Springs	NY	12866

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Chris P. GibsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B34AFB1230C1B498788A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City	State	Zip Code
CHATTANOOGA	TN	37401

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Chuck J. FleischmannOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : B10B53AF53BEA454BB02

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Prosperity in America Today Pac

Mailing Address 228 S Washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : BB1AB8A6E9557403BA9D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR WATERS

Mailing Address 3700 WILSHIRE BLVD., STE. 1050-B

City	State	Zip Code
LOS ANGELES	CA	90010

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Maxine Waters

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : BEE663CED77E44057877

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cleaver for Congress

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Emanuel Cleaver II

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : B38D1E1CCDE3E40EAAE1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. COTTON FOR SENATE

Mailing Address PO BOX 379

City
DardanelleState
ARZip Code
72834-0379Purpose of Disbursement
Senate Political Contribution

Candidate Name

Rep. Tom CottonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Transaction ID : BF005C95140D84FC9AF1

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address PO Box 960821

City
RiverdaleState
GAZip Code
30296Purpose of Disbursement
Political Contribution

Candidate Name

Rep. David A. ScottOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : B5E3C690BBCD04C6F9EF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Transaction ID : BDFAD2966C072458B850

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address 1071 TWIN BRANCH LN

City
WestonState
FLZip Code
33326-2828Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B814198219000441B867

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Freedom Fund PACMailing Address 701 8th Street, NW
Suite 500City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B84203C344CFE43FB9C9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Bill Posey

Mailing Address PO Box 360877

City
MelbourneState
FLZip Code
32936Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Bill PoseyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B7D36EB9A445D41C39E3

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DENNIS ROSS

Mailing Address 133 SOUTH HARBOR DRIVE

City
VeniceState
FLZip Code
34285-2214Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Dennis A. RossOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B40704935EBB24BD9B24

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JACK KINGSTON

Mailing Address PO BOX 2133

City
SAVANNAHState
GAZip Code
31402Purpose of Disbursement
Political Contribution - Senate Committee

Candidate Name

John H Kingston SROffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : B7528A496B77346A9B37

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN DELANEY

Mailing Address PO BOX 60320

City
POTOMACState
MDZip Code
20859Purpose of Disbursement
Political Contribution

Candidate Name

Rep. John K. DelaneyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : BC4D8E829EBFE45F292D

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Friends of Mark Warner

Mailing Address 201 North Union Street Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mark R. Warner

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B00E2C22C7C664036949

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Brett Guthrie

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B212DB3F998E2493A941

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HELLER FOR SENATE

Mailing Address PO BOX 371907

City	State	Zip Code
LAS VEGAS	NV	89137

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Dean Heller

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : B5D619D08E68A4140AF8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. HUDSON FOR CONGRESS

Mailing Address PO BOX 5053

City CONCORD	State NC	Zip Code 28027
-----------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Richard L. Hudson Jr.Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B697CAEB14CA7472586E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City Urbana	State OH	Zip Code 43078
----------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Jim D. JordanOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : B08F5F031D8F44021848

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jobs, Economy and Budget Fund (JEB FUND)

Mailing Address PO Box 30844

City Bethesda	State MD	Zip Code 20824
------------------	-------------	-------------------

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B228A14557B6D494EB3B

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	11	/	2014

Transaction ID : B42BEE690DC5440DA8D8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address PO Box 8

City	State	Zip Code
Winnetka	IL	60093

Purpose of Disbursement
Political Contribution

Candidate Name

Sen. Mark Steven KirkOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : B2390F0C733B944E4AD2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Maloney for Congress

Mailing Address 49 East 92nd St

City	State	Zip Code
New York	NY	10128

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Carolyn B. MaloneyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : BA859F08710DB433981E

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition Political Action Committee Aka Ndc Pac

Mailing Address 607 14th Street NW Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : BE3202495403F41BBA08

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Republican Mainstreet Partnership PacMailing Address C/O G & W 2201 Wisconsin Ave., NW
Suite 320

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : B837AA157E2D8409C93C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Roskam for Congress

Mailing Address PO Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Peter J. Roskam

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : BC10984B1665F4AAAAACE

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Scalise for Congress

Mailing Address PO Box 23219

City
JeffersonState
LAZip Code
70183Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steve ScaliseOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : BA028D6527AFE4AC4817

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Schock for Congress

Mailing Address PO Box 10555

City
PeoriaState
ILZip Code
61612Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Aaron J. SchockOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Transaction ID : BBBD6A81845C34BA1AAC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Scott Garrett for Congress

Mailing Address PO Box 905

City
NewtonState
NJZip Code
07860Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Scott GarrettOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : B35C16C63ADC3406ABF4

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Southerland for Congress

Mailing Address PO Box 1692

City	State	Zip Code
Lynn Haven	FL	32444

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steve Southerland IIOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : BFBBCA563C2314A1A984

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Steve Fincher for Congress

Mailing Address PO Box 11153

City	State	Zip Code
Jackson	TN	38308

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Stephen L. FincherOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Transaction ID : BE178D657E56F4E099A4

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TREASURE STATE PAC

Mailing Address 3242 CUMMINS WAY

City	State	Zip Code
Missoula	MT	59802-3222

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Other2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		27		2014

Transaction ID : B713A6B1388014323B89

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

110500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. MIKE DEWINE FOR OHIO

Mailing Address 2587 CONLEY RD

City	State	Zip Code
Cedarville	OH	45314-9525

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2014

Transaction ID : BEAA5C3286BCB49E692D

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00
